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APPLICANTS

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** CONTINUING DATA none

** FOREIGN APPLICATIONS none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TN	SHEETS DRAWING 15	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE
 Bone plates and bone plate assemblies

FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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